

Daily Security Report

Client No.	Client Name		Location	Date
2036	O H MATERIALS		1002 OSWEGO ST UTICA NY	6-13-88
Facility Equipment Detex Clock <u>/</u>	Weapon No. <u>-</u>	Holster <u>-</u>	Nightstick <u>-</u>	Raincoat <u>/</u>
Flashlight <u>/</u>		Other <u>1 GATE KEY 1 LOG BOOK</u>		
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) <u>BEN LAWRENCE</u>		Officer—Swing Shift (Name) <u>Martin Pichler</u>
		Officer—Grave Shift (Name) <u>Dick Kokoszki</u>		
Shift Began <u>8:00 AM PM</u> Ended <u>4:00 AM PM</u>		Shift Began <u>4:00 AM PM</u> ended <u>12:00 AM PM</u>		Shift Began <u>12:00 AM PM</u> Ended <u>8:00 AM PM</u>
Observations or actions taken		Yes	No	Explanation
Rounds or stations missed			L	
Unlocked doors, gates or windows			V	
Unlocked vaults or safes			V	
Fire-smoke-or hazards			V	
1. Extinguishers missing or defective			V	
2. Sprinkler system defective			V	
3. Fire doors or exits blocked			V	
4. Rubbish accumulation			V	
5. Motors running			V	
6. Lights left burning			V	AS NEEDED
Injury hazards			V	
Visitors		V		WORKERS (EPA HAM & EQUIP DEL)
Trespassing			V	SEE SITE ENTRY SHEET
Violation of company rules			V	
Remarks				
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.				
1. Were you injured during this tour?				
Day Shift Yes No Swing Shift Yes No Grave Shift Yes No				
2. Did you suffer any illness?				
Day Shift Yes No Swing Shift Yes No Grave Shift Yes No				
3. Have you reported all accidents coming to your attention?				
Day Shift Yes No Swing Shift Yes No Grave Shift Yes No				
get back. 06:45 Signatures 1 Ben Lawrence Martin Pichler Dick Kokoszki				
Signatures 2				
Signatures 3				
439428				



ENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name O H MATERIALS				Location 1002 OSWEGO ST UTICA NY				Date 6-13-88				
Facility Equipment	Detex Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other 1 GATE KEY 1 LOG BOOK							
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) BEN LAWRENCE				Officer—Swing Shift (Name) Mario Valeri				Officer—Grave Shift (Name) Dick Horkoski			
			Shift Began 8:00 AM-PM Ended 4:00 AM-PM				Shift Began 4:00 AM-PM Ended 12:00 AM-PM				Shift Began 12:00 AM-PM Ended 8:00 AM-PM			
Observations or actions taken			Yes	No	Explanation		Yes	No	Explanation		Yes	No	Explanation	
Rounds or stations missed				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Unlocked doors, gates or windows				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Unlocked vaults or safes				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Fire-smoke or hazards				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
1. Extinguishers missing or defective				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
2. Sprinkler system defective				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
3. Fire doors or exits blocked				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
4. Rubbish accumulation				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	BAY LIGHTS OUT 0550	
5. Motors running				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
6. Lights left burning				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AS NEEDED			<input checked="" type="checkbox"/>		
Injury hazards				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Visitors			<input checked="" type="checkbox"/>		WORKERS EPA HAM & EQUIP DEL.		<input checked="" type="checkbox"/>		" "			<input checked="" type="checkbox"/>		
Trespassing				<input checked="" type="checkbox"/>	SEE SITE ENTRY SHEET		<input checked="" type="checkbox"/>		ENTRY SITE SHEET			<input checked="" type="checkbox"/>		
Violation of company rules				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		
Remarks														
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.														
1. Were you injured during this tour?			Day Shift			Swing Shift			Grave Shift					
Yes <input checked="" type="checkbox"/>			Yes <input checked="" type="checkbox"/>			Yes <input checked="" type="checkbox"/>			Yes <input checked="" type="checkbox"/>					
No <input type="checkbox"/>			No <input type="checkbox"/>			No <input type="checkbox"/>			No <input type="checkbox"/>					
2. Did you suffer any illness?			Day Shift			Swing Shift			Grave Shift					
Yes <input checked="" type="checkbox"/>			Yes <input checked="" type="checkbox"/>			Yes <input checked="" type="checkbox"/>			Yes <input checked="" type="checkbox"/>					
No <input type="checkbox"/>			No <input type="checkbox"/>			No <input type="checkbox"/>			No <input type="checkbox"/>					
3. Have you reported all accidents coming to your attention?			Day Shift			Swing Shift			Grave Shift					
Yes <input checked="" type="checkbox"/>			Yes <input checked="" type="checkbox"/>			Yes <input checked="" type="checkbox"/>			Yes <input checked="" type="checkbox"/>					
No <input type="checkbox"/>			No <input type="checkbox"/>			No <input type="checkbox"/>			No <input type="checkbox"/>					
apt Bunch 06:15 Signatures 1 Ben Lawrence			Signatures 2 Mario Valeri			Signatures 3 Dick Horkoski								
Signatures 2			Signatures 2			Signatures 2								
Signatures 3			Signatures 3			Signatures 3								